

Form No. 6
TOWN OF SOUTHDOLD
BUILDING DEPARTMENT
TOWN HALL
765-1802

APPLICATION FOR CERTIFICATE OF OCCUPANCY

This application must be filled in by typewriter or ink and submitted to the Building Department with the following:

A. For new building or new use:

1. Final survey of property with accurate location of all buildings, property lines, streets, and unusual natural or topographic features.
2. Final Approval from Health Dept. of water supply and sewerage-disposal (S-9 form).
3. Approval of electrical installation from Board of Fire Underwriters.
4. Sworn statement from plumber certifying that the solder used in system contains less than 2/10 of 1% lead.
5. Commercial building, industrial building, multiple residences and similar buildings and installations, a certificate of Code Compliance from architect or engineer responsible for the building.
6. Submit Planning Board Approval of completed site plan requirements.

B. For existing buildings (prior to April 9, 1957) non-conforming uses, or buildings and "pre-existing" land uses:

1. Accurate survey of property showing all property lines, streets, building and unusual natural or topographic features.
2. A properly completed application and consent to inspect signed by the applicant. If a Certificate of Occupancy is denied, the Building Inspector shall state the reasons therefor in writing to the applicant.

C. Fees

1. Certificate of Occupancy - New dwelling \$50.00, Additions to dwelling \$50.00, Alterations to dwelling \$50.00, Swimming pool \$50.00, Accessory building \$50.00, Additions to accessory building \$50.00, Businesses \$50.00.
2. Certificate of Occupancy on Pre-existing Building - \$100.00
3. Copy of Certificate of Occupancy - \$.25
4. Updated Certificate of Occupancy - \$50.00
5. Temporary Certificate of Occupancy - Residential \$15.00, Commercial \$15.00

Date. _____

New Construction: _____ Old or Pre-existing Building: _____ (check one)

Location of Property: _____
House No. Street Hamlet

Owner or Owners of Property: _____

Suffolk County Tax Map No 1000, Section _____ Block _____ Lot _____

Subdivision _____ Filed Map. _____ Lot: _____

Permit No. _____ Date of Permit. _____ Applicant: _____

Health Dept. Approval: _____ Underwriters Approval: _____

Planning Board Approval: _____

Request for: Temporary Certificate _____ Final Certificate: _____ (check one)

Fee Submitted: \$ _____

Applicant Signature